

Child and Family Advisory Committee

Meeting Summary
February 15, 2005

Hanover DSS – Ashland

By way of introducing the state agency representatives to other committee members, each state agency representative provided an overview of their agency. Pertinent points from each presentation:

Department of Rehabilitation Services (DRS) – Erica Lovelace

- DRS is strictly an employment program whose purpose is to work with school-age adolescents to facilitate transition to employment and training
- DRS has cooperative agreements with school divisions and DRS counselors try to engage adolescents earlier for transition planning though there are limited services for 14 year olds. DRS provides consultation to schools.
- DRS views transition as a continuum of services provided over time related to career exploration
- Woodrow Wilson Rehabilitation Program – post secondary rehabilitation and transition program
- Goal for DRS is to every school division involved for the provision of comprehensive evaluations while the adolescents are in their 10th year. Information, using information to develop Individualized Education Plans (IEPs)
- DRS is an eligibility program and not entitled to assist adolescents obtain gainful employment
- Since July 2004 due to limited funding, DRS has an order of selection, priority given to individuals with significant disabilities (3 or 4 functional limitations and/or 2 or more disabilities).

Department of Education (DOE) – Julie Moon

- Focused discussion on student services, special education, transition, and pre-school programs
- Described the Parent Resource Centers
- Explained the role of the Department of Education related to local school divisions, how services are managed, and the due process and grievance procedures available to families
- Described technical assistance services available to local schools through T-TAC regions
- DOE has a monitoring role related to ensuring compliance with federal and state reporting requirements
- Questions DOE is exploring include outcome measures for ensuring positive outcomes for children.

Department of Medical Assistance Services (DMAS) – Catherine Hancock

- Medicaid is health insurance for income eligible individuals and families

- Covered groups include children, aged, blind and disabled, income eligible, i.e. children 133% below federal poverty level, FAMIS and FAMIS Plus, 200% below the poverty level, cost sharing between the state and the federal government
- EPSDT – routine screenings to correct or ameliorate health conditions regardless if it is a covered service under the state plan
- Other services: community based mental health services, intensive in-home services, other waiver services include the elderly and disabled waiver
- Local departments of social services establish eligibility for Medicaid
- Medicaid is a voluntary program for states to participate, the federal government requires certain mandated services to be available statewide
- Freedom of choice for consumers

Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) – Shirley Ricks

- The Department is involved in policy planning, legislation and state funding to local community services boards (CSBs). The Department is organized around disabilities.
- CSBs are required to provide case management and emergency services
- The Department has 15 state facilities, 5 serve individuals with mental retardation
- CSB services are geared toward adults
- The Office of Child and Family Services (OCFS) was created in response to recommendations from a legislative committee
- CSBs have local autonomy, receive state funding, federal grants and provide services through MR waiver and other funding streams. Oversight of local boards occurs through the Department's performance contract, Medicaid audits, etc. CSBs priority is adult services. Boards are organized differently and it is possible that consumers may go through 2 or 3 doors for comprehensive services and the ultimate goal is a single point of entry for services.
- The Department is the Lead Agency for the Part C Program
- The Department policy is to not admit children to state facilities but to work to keep them in the community
- The Comprehensive Services Act (CSA) serves a mandated population, i.e. foster care or special education children. The Department partners with CSA to ensure that non-mandated children receive services. The Department received funding to serve this population.

Department of Juvenile Justice (DJJ) – Scott Reiner

- DJJ is a complex system. (Refer to handout distributed at the meeting)
- DJJ is housed in Public Safety, established for protection of public safety
- DJJ tries to maintain a balanced approach with 3 priorities; 1) community safety, 2) system to develop competencies, and 3) focus on victims.
- Everything DJJ does is in the Code of Virginia
- There are 2 doors into DJJ: delinquency door, i.e. a law has been violated; domestic relations door, child support, custody and visitation, or a parent cannot access services and must relinquish custody, non-custodial foster care opens a potential door to CSA, custody relinquishment – status offenses, curfew violation, truancy, parents can seek help through DJJ by filing a complaint, and child in need of services

- DJJ is the gatekeeper, all local DJJ offices are state operated with three exception in Northern Virginia
- Intake function establishes probable cause, can include informal discussion, referral for services, might be precipitated by shoplifting, assault at school, etc. Intake can detain a child by issuing a detention order if the child is a danger to self or others. Detention is less stringent than civil commitment.
- Judges have several options, can order an array of services, counseling, substance abuse counseling, or put a child on Probation. Once a child is incarcerated, Medicaid stops and DJJ does not have funds to pay for mental health services.
- Options include post dispositional detention programs or commitment to juvenile prison, there are 8 facilities statewide, and one diagnostic center, clinical staff, intensive services units, there is one 40-bed facility for children with mental retardation.
- DJJ operates a sexual offender treatment program
- DJJ can pay for transition services for independent living, in the last biennium there was legislation mandating transition plans with CSB involvement
- DJJ made funding available for innovative diversion programs, \$16 million was passed through to communities for diversion programs to meet community needs

Committee members requested additional agency presentations from CSA and DOE. Staff will contact Kim McGaughey and Cindy Cave to come to the August meeting to provide information about their agencies.

The next agenda item involved a discussion about developing a vision and mission statement, goals, guiding principles and purpose statement for the committee. Pertinent

- Related to the committee's vision, mission and goal, committee members reviewed the web page for the OCFS and a draft handout that included a vision statement, the role of the Office, goals and guiding principles. Suggestions were offered for revisions and it was suggested that staff review the vision statement of the Child and Adolescent Special Populations workgroup specifically the descriptors about seamless, access, prevention and intervention, children's well being, toward a goal of reducing the severity of problems.
- It was suggested to review the language from Georgetown's TA Center and 8 other states; common elements: partnership, family-driven, and references to the President's New Freedom Commission Report.
- Members suggested tweaking the language so that it is less intimidating for families.
- Members requested copies of the following reports: 329-G, Special Populations Workgroup Report, and the Custody Relinquishment Report.
- Proposed language:
 - Mission – To provide leadership and support to ensure a community based family driven array of services easily accessible to children and their families.
 - Vision – The Department of Mental Health, Mental Retardation and Substance Abuse Services system will provide seamless access to prevention and intervention services for children and their families that

promotes the well being of children and adolescents (birth to 21) and reduces the incidence and severity of behavioral health problems.

- A sub-committee was formed to work on the drafts. The members are Dana Yarborough, Don Roe, Joanna Frank, and Debra Holloway.
- Announcements:
 - Virginia Transition Forum
March 14, 15, 16
Williamsburg
 - System of Care Conference
March 22 and 23
Roanoke Hotel and Conference Center
- Legislative update – Sandy Bryant
Funding for children's services –
 1. Pilots for systems of care (2); one urban and one rural
 2. SA Block Grant funds – Virginia at risk for losing SA block grant funds, \$1m not in the Governor's budget or House
 3. Early Intervention – not in the House or Senate budget bills, support the Governor's budget proposal
 4. MR service providers are paid less than MH providers, for the MR and DD waivers can't find providers, support increase MR waiver rates.

The next meeting of the advisory committee will occur May 17, 2005 from 10:00 AM until 2:00 PM. The meeting will be held at the Hanover Department of Social Services Conference Room in Ashland. Lunch will be provided.